

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>02-17</b>	2. STATE  <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  <b>September 16, 2002</b>	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

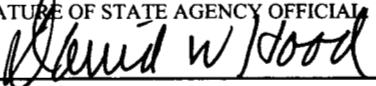
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 447.321</b> <b>42 CFR 447.201 &amp; 447.304</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> <del>\$101.89</del> <sup>80.66</sup> b. FFY <u>2003</u> <del>\$2,497.94</del> <sup>1,977.53</sup>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Item 2a., Page 1</b> <b>Attachment 4.19-B, Item 7, Page 1</b> <i>Attachment 4.19 B, Item 2a, Page 1a</i> <i>Attachment 4.19 B, Item 7, Page 1a</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 02-11 pending)</b> <b>Same (TN 00-47)</b> <i>None (New page)</i> <i>None (New page)</i>

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to increase the reimbursement paid to outpatient hospitals for laboratory services subject to the Medicare Fee Schedule, and for outpatient hospital rehabilitation services for Medicaid recipients over the age of three.**

11. GOVERNOR'S REVIEW (Check One):


☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>State of Louisiana</b> <b>Department of Health and Hospitals</b> <b>1201 Capitol Access Road</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME: <b>David W. Hood</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>September 26, 2002</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09-27-02	18. DATE APPROVED: 11-25-02
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>09-16-02</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Andrew A. Fredrickson	22. TITLE: Associate Regional Administrator

23. REMARKS: *Pen and Ink changes*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 2.a., Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR  
447.321

Medical and Remedial  
Care and Services  
Item 2.a.

**OUTPATIENT HOSPITAL SERVICES**

**Clinical diagnostic laboratory services** are reimbursed at the lower of:

- 1) billed charges;
- 2) the State maximum amount for CPT codes (State maximum amounts in effect as of September 15, 2002 are increased by ten percent [10%]); or
- 3) Medicare Fee Schedule amount.

**Outpatient surgeries** are reimbursed at:

- 1) the State maximum amount for those procedures on the State fee schedule available in the Provider Manual; or
- 2) for those procedures not on the State fee schedule, the maximum rate paid on the State fee schedule as of July 1, 2001 (State fee schedule available in the Provider Manual).

**Rehabilitation services (physical, occupational, and speech therapy).** Rates for rehabilitation services are calculated using the base rate from fees on file in 1997. The maximum rates for outpatient rehabilitation services are set using the State maximum rates for rehabilitation services plus an additional 10%. Effective September 16, 2002 the reimbursement rates for services rendered to Medicaid recipients over the age of 3 years are increased by 15% for outpatient hospital rehabilitation services.

Rates for outpatient rehabilitation services provided to recipients up to the age of three are as follows:

Initial Speech/Language Evaluation	\$70.00
Initial Hearing Evaluation	\$70.00
Speech/Language/Hearing Therapy 60 minutes	\$56.00
Visit with Procedure(s) 45 minutes	\$56.00
Visit with Procedure(s) 60 minutes	\$74.00

STATE	<u>Louisiana</u>
DATE RECD	<u>09-27-02</u>
DATE APP'D	<u>11-25-02</u>
DATE A.P.	<u>09-16-02</u>
HOA #	<u>LA-02-17</u>

TN# 02-17 Approval Date 11-25-02 Effective Date 09-16-02  
Supersedes  
TN# 02-11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19-B  
Item 2.a., Page 1a

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Visit with Procedure(s) 90 minutes	\$112.00
Procedures and Modalities 60 minutes	\$74.00
PT and Rehab Evaluation	\$75.00
Initial OT Evaluation	\$70.00
OT 45 minutes	\$45.00
OT 60 minutes	\$60.00

STATE	<u>Louisiana</u>
DATE RECD	<u>09-27-02</u>
DATE APPROD	<u>11-25-02</u>
DATE EFF	<u>09-16-02</u>
HCFA 179	<u>CA-02-17</u>

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TN# 02-17 Approval Date 11-25-02 Effective Date 09-16-02  
Supersedes  
TN# SUPersedes NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 7, Page 1

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION              Medical and Remedial  
42 CFR 447.201      Care and Services  
447.304              Item 7.

Home Health Care Services

- Item 7.a.            Intermittent or part-time nursing service provided by a home health agency
- Item 7.b.            Home Health aide services provided by a home health agency
- Item 7.c.            Medical supplies, equipment and appliances suitable for use in the home
- Item 7.d.            Rehabilitation services provided by a home health agency.

I. Method of Payment

- A.      Intermittent or Part-time Nursing Service provided by a home health agency and for Home Health Aide Services provided by a home health agency will be reimbursed using a prospective payment methodology based on the audited 1992 cost reports at the weighted thirtieth (30th) percentile based on cost and number of services trended forward at July 1 of each preceding year using the Consumer Price Index - All Urban Consumers (Southern Region). An increase of 22.5 percent (22.5%) based on additional funding provided by the legislature is applied to the reimbursement rate in effect as of June 30, 2000 for home health extended skilled nursing visits. Reimbursement for skilled nursing services provided by a licensed practical nurse (LPN) is made at 80 percent (80%) of the established fee for skilled nursing in effect as of January 31, 2000. Skilled nursing services provided by a licensed registered nurse (RN) will continue to be reimbursed at the established fee in effect as of January 31, 2000.
- B.      Rates for rehabilitation services provided by a home health agency are calculated using the base rate from fees on file in 1997. The maximum rates for rehabilitation services are set using the State maximum rates for rehabilitation services plus an additional 10%.
- C.      Rates for rehabilitation services provided to recipients up to the age of three are as follows:

Initial Speech/Language Evaluation	\$70.00
Initial Hearing Evaluation	\$70.00
Speech/Language/Hearing Therapy 60 minutes	\$56.00
Visit with Procedure(s) 45 minutes	\$56.00
Visit with Procedure(s) 60 minutes	\$74.00
Visit with Procedure(s) 90 minutes	\$112.00
Procedures and Modalities 60 minutes	\$74.00
PT and Rehab Evaluation	\$75.00
Initial OT Evaluation	\$70.00

STATE	<u>Louisiana</u>
DATE REC'D	<u>09-27-02</u>
DATE APP'D	<u>11-25-02</u>
DATE EFF	<u>09-16-02</u>
HCFA 179	<u>LA-02-17</u>

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TN# 02-17      Approval Date 11-25-02      Effective Date 09-16-02  
Supersedes  
TN# 00-47

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

ATTACHMENT 4.19-B  
Item 7, Page 1a

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

OT 45 minutes	\$45.00
OT 60 minutes	\$60.00

II. Standards for Payment

- A. For items 7.a., 7.b., 7.c., 7.d., see Attachment 3.1-C regarding standards and methods of assuring high quality care.

STATE	<u>Louisiana</u>
DATE RECEIVED	<u>09-27-02</u>
DATE APPROVED	<u>11-25-02</u>
DATE OF	<u>09-16-02</u>
HCFA 170	<u>LA-02-17</u>

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TN# SUPERSEDES: NONE NEW PAGE